

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 034 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000077670**

1. Entity Name **X. B. J. PLASTERING INC.
1909 BARTON SAN CARLOS PARK
FT MYERS FL 33912**

30066217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1909 BARTON San

3. Mailing Address
same

Suite, Apt. #, etc.
CARLOS PARK

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT MYERS FL

City & State

4. FEI Number
71-0895143

Applied For
☐ Not Applicable

Zip
33912

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Blanca M. Baca

Street Address (P.O. Box Number is Not Acceptable)
1909 BARTON SAN CARLOS PARK

City
FT MYERS FL Zip Code
33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Blanca M. Baca.**

3/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
BLANCA M. BACA
Same as above**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
JAVIER BACA
Same as above**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Blanca M. Baca.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03 305-818-7226

DATE

TELEPHONE #

CR2E034B (12/01)